



South Eastman Health/Santé Sud-Est Inc.



# ANNUAL REPORT

## 2008-2009

*Partnering with Community to Optimize Health*

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## LETTER OF TRANSMITTAL

The Honourable Theresa Oswald  
Minister of Health  
Room 302, Legislative Building  
450 Broadway  
Winnipeg MB R3C 0V8

The Honourable Kerri Irvin-Ross  
Minister of Healthy Living  
Room 310, Legislative Building  
450 Broadway  
Winnipeg MB R3C 0V8

Dear Minister Oswald and Minister Irvin-Ross:

We have the honor to present the annual report for the South Eastman Health/Santé Sud-Est Regional Health Authority, for the fiscal year ended March 31, 2009.

This annual report was prepared under the Board's direction, in accordance with *The Regional Health Authorities Act* and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30, 2009 have been considered in preparing the annual report. The content of this report was approved by the Board at its August 2009 meeting.

Respectfully submitted on Behalf of South Eastman Health Authority

Sincerely,



Aurèle Boisvert, Chairperson  
South Eastman Health/Santé Sud-Est Inc.

## VISION - MISSION - VALUES

In February 2008, the Board of Directors adopted the following revised Vision, Mission and Values statements for South Eastman Health/Santé Sud-Est Inc. This is the result of consultations with stakeholders including the District Health Advisory Councils, the Provider Advisory Committee, as well as RHA employees.

### Vision

To achieve wellness and the best possible health by partnering with individuals, families and communities.

### Mission

To pursue our Vision by providing quality health services supported by evidence-based decision making.

### Values

We believe in **INTEGRITY** and are committed to being transparent and honest with our staff, our partners, and the communities and people that we serve.

We believe in a **SHARED VISION** and will work with our staff, partners and community to ensure that a clear understanding of this vision informs all of our planning and work.

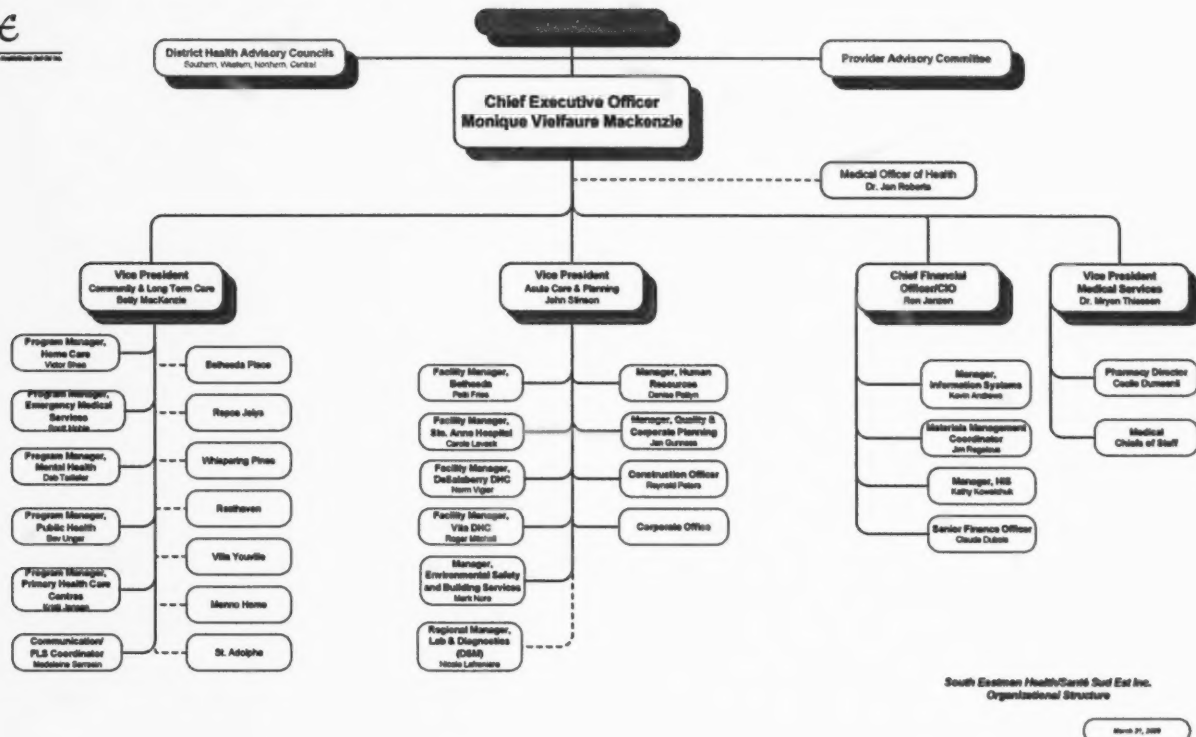
We believe in **RESPECT** and recognize the value, equality, resourcefulness and resilience of individuals including staff, volunteers, patients and community members, and are committed to responding with empathy, compassion and respect for community diversity.

We believe in **PATIENT SAFETY and SERVICE EXCELLENCE** and encourage all parts of the regional health delivery system to seek creative and innovative solutions to deliver safe, integrated and quality health services while maintaining a willingness to change and openness to continuous learning and improvement.

We believe in demonstrating **PERFORMANCE ACCOUNTABILITY** by providing a safe, responsive and sustainable health care environment through responsible governance and management practices, prudent stewardship of resources throughout the organization, transparency and good communication, and by demonstrating integrity and ethics in the interactions of the total organization.

We believe in **COLLABORATION** and are committed to teamwork, consultation and two-way communication with our partners and regional communities in order to deliver services in the most effective manner while respecting the different needs and priorities of those with whom we work.

## ORGANIZATIONAL STRUCTURE (as of March 31, 2009)



### Staff changes in 2008-09

- Director of Medical Affairs - Retired
- Vice President Acute Care and Planning
- Labour Relations Officer

### New positions in 2008-09

- Vice President Medical Services (0.5 EFT)
- Director of Pharmacy (0.4 EFT)
- Manager, Primary Health Care (1.0 EFT)

## **SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.**

South Eastman Health/Santé Sud-Est Inc. is a rapidly-growing, bilingual, rural, Regional Health Authority (RHA) with a relatively healthy and young population. The RHA serves the south eastern area of the province covering approximately 10,000 square kilometres. The region includes 13 municipalities, one small First Nations community, and unorganized territory encompassing the area south from the Trans Canada Highway to the American border, and east of the Red River to the Ontario border.

For health planning purposes, the region is divided into four districts: Western, Northern, Central and Southern.

### **Our Population**

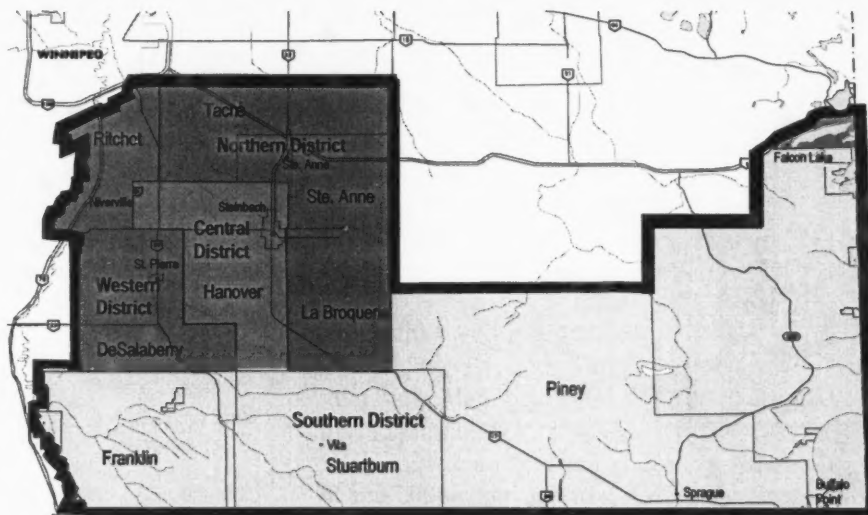
South Eastman continues to experience the fastest growing population in Manitoba.

Our region has seen a 25% population increase between 1998 and 2008 compared to a 5% province wide growth rate over the same period. The net increase to the region in 10 years has been 13,000 residents. This has had the effect of adding another brand new city the size of Steinbach. These increases were evident across all population age groups and all districts. South Eastman has contributed 23% of overall provincial growth from 1998 to 2008. South Eastman's population growth means, that unlike other rural regions, South Eastman/Santé Sud-Est RHA experiences service delivery challenges as a result of programs operating at full capacity.

The South Eastman population represents a wide range of ethnicities. Ninety-eight per cent (98%) of residents report origins in five groups: European 42%, British Isles 16%, French 14%, Aboriginal 9% and other North American 18%. The contribution of European origins is noticeably greater than in the general Manitoba population at 34%.

Data from the 2006 Census records show that in South Eastman as in Manitoba overall, one in eight residents (12%) is an international immigrant born outside of Canada. According to Census figures, immigrants arriving in South Eastman from overseas since 1996 now represent 7% or one in fourteen residents; the corresponding Manitoba figure is 4%. While recent immigrants have settled in all parts of South Eastman, the majority (63%) reside in our Central District and another 23% in our Northern District.

However, health care funding has not kept pace with the region's population growth. In 1999-2000, per capita funding to South Eastman RHA stood at 46.5% of the provincial average and 67.3% of the rural/northern average. In 2007-08, South Eastman's per capita funding further decreased to 44.7% of the provincial average and 65.8% of the rural/northern average, due to the consistent population growth of 21% since 1999-2000.



## Our Services

South Eastman Health/Santé Sud-Est Inc. provides specialized community and acute care health services in south eastern Manitoba.

### Acute Care Services

Within the region are four hospitals where residents of south eastern Manitoba have access to a wide range of acute care as well as specialized services.

#### *Bethesda Hospital/Bethesda Place (Steinbach)*

- Cancer Care
- Children's Therapy Initiative
- Emergency
- Lab & Diagnostics
- Long Term Care
- Medicine
- Nurse-Managed Care
- Obstetrics
- Occupational Therapy
- Palliative Care
- Physiotherapy
- Rehabilitation Unit
- Speech Language Pathology
- Spiritual Care
- Surgical Care
- Telehealth

#### *DeSalaberry District Health Centre (St. Pierre)*

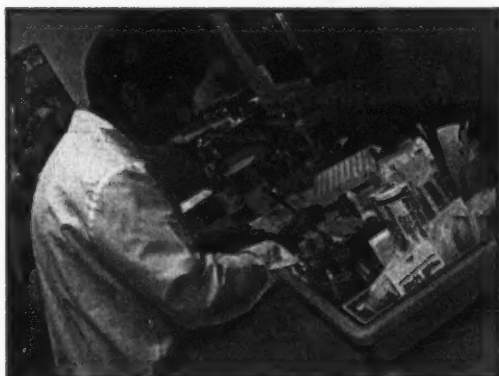
- Emergency (8 am to 8 pm)
- Lab & Diagnostics
- Long Term Care
- Medicine
- Nurse-Managed Care
- Occupational Therapy
- Palliative Care
- Physiotherapy
- Spiritual Care

#### *Ste. Anne Hospital*

- Emergency
- Lab & Diagnostics
- Medicine
- Nurse-Managed Care
- Obstetrics
- Occupational Therapy
- Palliative Care
- Physiotherapy
- Spiritual Care
- Surgical Care

#### *Vita & District Health Centre*

- Emergency
- Lab & Diagnostics
- Long Term Care
- Medicine
- Nurse-Managed Care
- Occupational Therapy
- Palliative Care
- Physiotherapy
- Spiritual Care



### **Community Services**

Community-delivered services are a vital component of an integrated health care system. The RHA provides the following services through its seven community health offices, two primary health care centres, five emergency medical stations, three community health resource centres as well as its midwifery unit.

- Audiology
- Community Cancer Care
- Diagnostic
- Emergency Medical Services
- Home Care
- Mental Health
- Midwifery
- Palliative Care
- Primary Health Care
- Public Health
- Services to Seniors
- Telehealth



### **Our Facilities**

Within these boundaries, the RHA owns and operates four acute care hospitals, two primary health care centres, and three personal care homes. In addition to these facilities, there are three long term care facilities operating under service purchase agreements and one privately operated personal care home. The RHA also operates seven community services offices, and works collaboratively with three communities for services provided through health resource centres.

#### **Hospitals**

- Bethesda Hospital (Steinbach)
- DeSalaberry District Health Centre (St. Pierre)
- Ste. Anne Hospital
- Vita & District Health Centre

#### **Community Services Facilities**

- Dominion City
- Lorette
- St. Adolphe
- Ste. Anne
- St. Pierre
- Steinbach
- Vita

#### **Personal Care Homes**

- Bethesda Place (Steinbach)
- Repos Jolys (St. Pierre)
- Whispering Pines Lodge (Vita)

#### **Long Term Care Facilities - Contract**

- Menno Home for the Aged (Grunthal)
- Rest Haven Nursing Home (Steinbach)
- Villa Youville (Ste. Anne)

#### **Primary Health Care Centres**

- East Borderland Primary Health Care Centre (Sprague)
- Niverville Primary Health Care Centre

#### **Long Term Care Facility – Privately Owned**

- St. Adolphe Personal Care Home

#### **Community Health Resource Centres**

- Coin Santé/Health Corner (St. Pierre)
- Centre de santé Sainte-Agathe
- Centre de santé La Broquerie

## FACTORS THAT INFLUENCE HEALTH OUTCOMES

### Education

Higher education levels increase the likelihood of obtaining higher wage employment, accessing high-quality health care and living a healthy lifestyle.

The number of people in the South Eastman region that receive their high school diplomas and achieve education beyond the secondary level is lower than the Manitoba average across all age groups. In 2006, 32% of the 25-64 age group had post-secondary qualifications compared to 44% in the province overall. Many young people age 15-24 years are still engaged in completing their education, yet 52% of this South Eastman age group lack a high school certificate compared to 48% in Manitoba. Within South Eastman, there is also marked variation in education levels across district populations and age groups. In the Western District, the proportion of young people age 15-24 lacking a high school certificate (43%) approximates the provincial level, while that in the Northern District (56%) exceeds both South Eastman and provincial levels. For the age group 25-64, proportions lacking high school certificates are greatest in the Central District (31%) and Southern District (31%), both above the provincial level (20%).

### Income and Socioeconomic Status

Poverty and low household income are associated with a broad range of adverse health outcomes such as reduced life expectancies, death due to violence and chronic diseases. As well, poverty increases the likelihood of a person using tobacco or drugs, being overweight or obese, and not having health insurance.

While the percentage of South Eastman families living below the official low income cut off point fell below the Manitoba averages in 2005, some 7% or 1,100 families reported incomes at this level. These included 24% lone parent families headed by women and 16% lone parent families headed by men. Further, there were 3% of residents aged 65+ who reported living below the low income cut off and 8% of children under age 6 were members of very low income families.

### Injury Rate

Injuries are the leading cause of disability and premature death, and result in substantial economic loss to society and individuals. Injuries include both unintentional (accidents caused by falls, motor vehicle accidents, fires, suffocation/submersion) and intentional (suicide, homicide, injuries inflicted by others).

South Eastman Health/Santé Sud-Est Inc. has shown a trend over the last 20 years (up to 2004) of decreasing hospitalizations and death related to injuries. Geographically, South Eastman has a decreased likelihood of injury hospitalization or death based on: individual characteristics that decreased the likelihood of injury for females being younger and for males being older; being a resident of a higher income; and not having physical or mental problems. Among South Eastman residents, death rates from unintentional injuries remain on par with the Manitoba rate throughout the period 1995-2005.

***The leading cause of hospitalizations or death in South Eastman is accidental falls for both males and females.***

***The second leading cause is motor vehicle accidents.***

## Infant Mortality

Infant mortality is a well-established measure of child health and of society's well-being. It measures the number of deaths of children under the age of one. Research shows that infants born with low birth weight or pre-term have a higher risk of infant death. Several factors affect infant mortality such as socioeconomic status, lifestyle behaviours, prenatal care and access to medical care. The Manitoba Child Health Atlas 2008 reports infant mortality rates for two time periods 1996-2000 and 2001-2005. According to the results, when very fragile infants were excluded from the data, there was a significant decrease in infant mortality across the Southern area of the province which includes the South Eastman region.

## Health Behaviours - Risk Factors for Chronic Illness

### *Smoking Cigarettes*

Smoking is the most important cause of preventable illness, disability, and premature death in Canada, leading to heart disease, circulatory disease, cancers, chronic lung disease, and digestive problems. In South Eastman, 21% of residents age 12 and over are current smokers, although another 41% are former smokers who have managed to quit. Unfortunately, 16% of youth age 12-19 report having smoked more than 100 cigarettes, starting on average at age 14. The community health survey released in 2005 reports that 15% of the South Eastman population age 12+ are exposed to second hand smoke at home which is slightly lower than the provincial average of 17%.

### *Overweight and Obesity*

Canada has one of the highest obesity rates in the world. Among children and youth, the obesity rate has risen three-fold in the past 30 years. Overweight and obesity put people at risk for a wide range of chronic health problems, including high blood pressure, heart disease, diabetes, some cancers, as well as mental health problems such as low self-esteem and depression. For obese children and youth, these problems may develop early in life. Twenty per cent of South Eastman children and youth age 12-19 are overweight or obese. In the age group 18+, 38% are overweight and 21% are considered obese. These are comparable to the Manitoba averages of 35% and 21% respectively (Canadian Community Health Survey 2005).

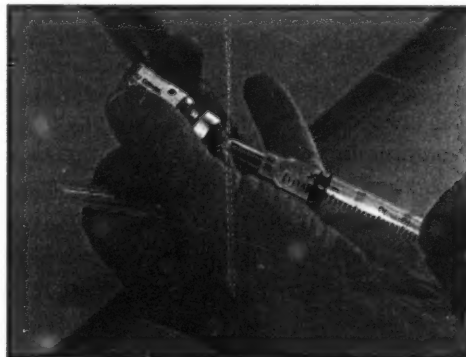
### *Physical Activity*

Regular physical activity greatly reduces the risks of heart disease, diabetes, obesity, osteoporosis, and arthritis. In South Eastman, only 21% of residents age 12 and over are considered active which is below the Manitoba average of 24%. Further, in Manitoba 51% self-rated as inactive, however, in South Eastman, 56% rated themselves as inactive. The activity rate among youth age 12-19 is 44%.

## Prevention

### *Flu Shots*

Annual immunization against influenza protects groups at high risk for the serious complications of this common illness, including young children, people aged 65 and older, and people with chronic illnesses. Only 60% of South Eastman residents age 65+ have a flu shot each year.



### Screening

Cervical cancer (Pap) screening and mammography screening are powerful tools in the detection and early treatment of cervical cancer and breast cancer in women. Only 70% of South Eastman women age 18-69 have a Pap test every three years, as recommended. Only 65% of women age 50-69 have a mammogram every two years, as recommended.

### Health Service Availability and Accessibility

Marked and steadily increasing population growth over the past decade has presented serious challenges to the availability and accessibility of health services in South Eastman. To meet growing needs across all age groups and planning districts, health services provided by South Eastman Health/Santé Sud-Est Inc. have increased and broadened substantially.

## BOARD GOVERNANCE

South Eastman Health/Santé Sud-Est Inc. operates under the direction of a Board of Directors, which is accountable to the Minister of Health. The Board governs in compliance with the legislative authority as outlined in The Regional Health Authorities Act. The Board plans and makes decisions in accordance with its Ends Statements and Strategic Priorities as identified in the five year Strategic Plan, which are reviewed annually. The Board monitors Board Ends and regularly reviews a variety of reports and scorecards with the Chief Executive Officer to monitor the performance of the Regional Health Authority (RHA).

The Board oversees the efficient implementation of the health plan, the appropriate allocation of funds, and the maintenance of effective systems of control and legislative compliance by adhering to The Regional Health Authorities Act and the associated By-Laws approved by the Ministers of Manitoba Health and Healthy Living. The following Board Committees are in place to assist it in achieving this:

- Executive/Governance
- Finance/Audit
- Policy Development and Review
- Community Relations

There is Board representation on the Regional Quality/Risk Management Team, the Leadership and Partnerships Team, the Regional Ethics Committee, and a Board Liaison on each District Health Advisory Council as well as the Provider Advisory Committee.

The Board conducts a bi-annual self-assessment to evaluate its performance and identify its education requirements. Open Board meetings are on the fourth Thursday of every month (except for July where there is no meeting) with local media attending all Board meetings. Board meeting minutes are available to the public on the RHA website.

#### **Board members in 2008-09 (March 31, 2009)**

- Aurèle Boisvert (Ste. Anne), Chair
- Patricia Danylchuk (Lorette), Vice-Chair
- George Sawatzky (Niverville), Secretary-Treasurer
- Henri Bisson (La Broquerie)
- James Dewar (St. Pierre)
- Anita Funk (Grunthal)
- Vania Gagnon (Lorette)
- Corrie Goertzen (La Broquerie)
- Claude Lemoine (Ste. Agathe)
- Christiane Neufeld (Steinbach)
- Bryan Nichols (Dominion City)
- Chris Summerville (Steinbach)

## Board Activities

- Participated in the Accreditation Canada (formerly Canadian Council on Health Services Accreditation) process with particular emphasis on governance standards.
- Contributed to the development, review and approval of the RHA Health Plan.
- Provided formal orientation to new Board members and conducted a Board Retreat in September 2008 which focused on Framework for Ethical Decision-Making.
- Actively participated in employee and volunteer appreciation and recognition events, as well as fundraising initiatives coordinated by employees, foundations and auxiliaries.
- Continued to support the RHA's Long Term Care Strategy Report identifying the need for additional personal care home beds and supportive housing in the region.

## Board Consultations With the Public and Stakeholders

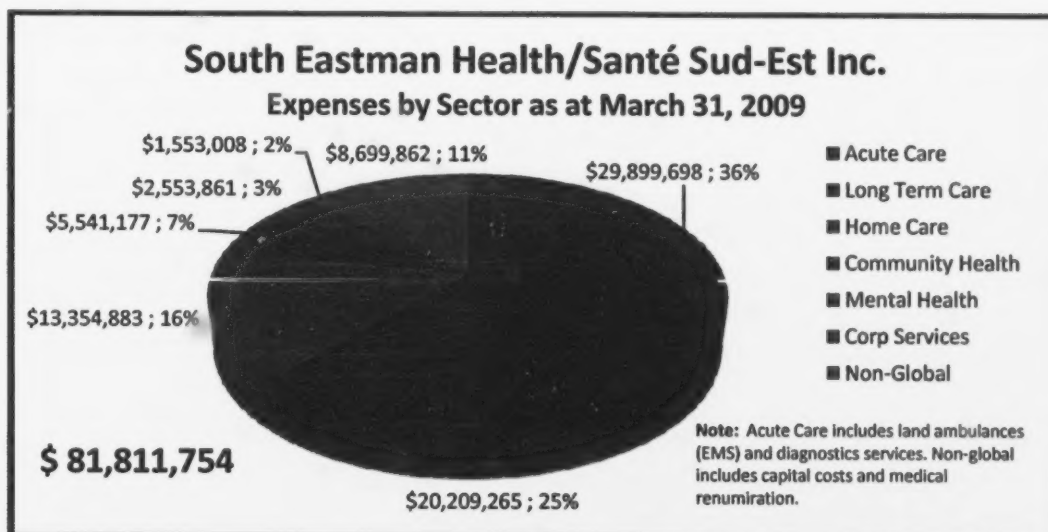
The Board values partnerships and appreciates the importance of consultations with key stakeholders, including physicians, nurses and RHA employees. Therefore the Board regularly invites the public and key stakeholders to Board meetings, as well as to other activities. This provides opportunities for interaction, input and active participation as well as for consultation and information sharing.

### *Board consultations in 2008-09*

- The Rural Municipality of Piney and the Community Resource Council to discuss services to seniors and community needs.
- Representatives from Ile-des-Chênes to discuss alternate seniors housing as well as possible sites for future Emergency Medical Services.
- Rural Municipality of Franklin to discuss local needs such as services to seniors and ambulance services in Dominion City.
- Grunthal Menno Home Board to discuss supportive housing and personal care home beds.
- Board members met with members of the District Health Advisory Councils and the Provider Advisory Committee as a whole over the course of the year where consultations and dialogue about health issues and terms of reference occurred.
- Board members participated on the Leadership and Partnerships Committee which includes members of the Boards of contract sites in the region and other stakeholders.
- The Board Chair and the Chief Executive Officer met with employees from all facilities and programs across the region to share key information and provide a forum to discuss concerns.
- Consulted staff, DHAC, PAC and others to review and revise the organization's Vision, Mission and Values.



## Allocation of funds for 2008-09



Source: South Eastman Health/Santé Sud-Est Inc.

## ADVISORY STRUCTURE

The Chief Executive Officer, reporting to the Board of Directors, ensures efficient and effective management and delivery of health services within the South Eastman region. The Chief Executive Officer works with the Executive Management Committee and a Regional Management Team to accomplish the goals as determined by the Board.

Program and Facility Managers are responsible for administering regional health programs and services including: acute care, long term care, public health, primary health care, mental health, home care, services to seniors, emergency medical services, palliative care and diagnostic services. The majority of corporate functions (human resources, finance, communications, French language services, quality risk and planning, materials management, construction, and information technology) are centralized for competent and efficient use of resources.

For health planning purposes, the region is divided into four districts: Western, Northern, Central, and Southern. The RHA has one District Health Advisory Council for each district, as well as one Provider Advisory Committee, Medical Advisory Committee, and Mental Health Advisory Council for the region. The RHA Board of Directors hold three joint Board meetings per year with the District Health Advisory Councils and the Provider Advisory Committee, providing a forum for consultations and dialogue.

### District Health Advisory Councils (established in 1997)

Members of District Health Advisory Councils (DHAC) have an interest in the health of their communities. District Health Advisory Council members provide advice to the Board on appropriate health-related actions and services for their district. As well, they help the Board communicate policies and activities to their

communities. District Health Advisory Councils may initiate local projects. These projects focus on informing the communities and promoting health within a district or throughout the regional population. One RHA employee and Board member are appointed to each District Health Advisory Councils to act as liaison.

#### **Provider Advisory Committee (established in 1997)**

The Provider Advisory Committee facilitates communication between the RHA Board and health care providers, as well as advocating for improved health for all members of the community. It identifies local needs and makes the RHA Board aware of health care provider opinions relevant to decision-making and planning. One RHA employee and Board member are also appointed to the Provider Advisory Committee to act as liaison.

#### **Medical Advisory Committee (established in 1997)**

The regional Medical Advisory Committee (MAC) membership consists of the Vice President of Medical Services, a chief of staff from each of the four acute care facilities, a midwife, a surgeon, and the Vice President of Acute Care and Planning. The Medical Advisory Committee meetings are held on a monthly basis except in July and August. The purpose of the Medical Advisory Committee is to make recommendations to the Board on medical matters, policies, rules, procedures, codes of conduct, as well as approve physician appointments and privileges.

#### **Mental Health Advisory Council (established in April 2007)**

The Mental Health Advisory Council provides advice and feedback to RHA management from the perspective of mental health consumers, family members and other support persons. Its membership includes consumers of mental health services, family members or other support persons as well as two employees from the RHA Mental Health program.

#### **Accomplishments of Advisory Groups**

- District Health Advisory Councils collaborated on the development of community-led projects with funding as part of the region's Start Fresh! Chronic Disease Prevention Initiative.
- District Health Advisory Councils and the Provider Advisory Committee attended three joint meetings with the RHA Board of Directors and Executive Management Committee for sharing of information and providing feedback into the health planning process for 2010-11.
- District Health Advisory Councils and the Provider Advisory Committee provided input during the consultation process for the Community Health Assessment.
- District Health Advisory Councils and the Provider Advisory Committee were consulted and provided input into reviewing and revising its Terms of Reference.
- The Mental Health Advisory Council developed and accepted Terms of Reference to guide its activities. The council received presentations from all components of the mental health service system throughout the year and provided feedback from the family and consumer perspective to inform service process.
- The Medical Advisory Committee approved policies related to the implementation of the Medication Reconciliation Project across the region as well as nursing clinical protocols to strengthen emergency nursing care in the four hospitals.

## RESULTS AT A GLANCE 2008-09

### Expansion of Surgical Slates

The region has one surgical program at two sites: Bethesda and Ste. Anne Hospitals. Surgical wait lists had progressively increased throughout 2008-09. For example, someone requiring knee surgery could wait almost a year (48 weeks) from consult to procedure. In the early fall of 2008, the region approved expansion of surgical procedures in collaboration with Manitoba Health and Healthy Living (MHHL). The eighth surgical slate was implemented in the winter of 2009. The region can now provide additional resources to use the operating theatres at both Ste. Anne and Bethesda Hospitals more frequently. This additional surgery time was dedicated primarily to orthopaedic and endoscopy surgery, resulting in patients waiting only six weeks for knee surgery. Despite the increase in OR time for endoscopies, there are still ongoing challenges in reducing the wait times for these as well as for general surgery.



To ensure patient safety certain requirements have to be met in order to continue to safely expand the services. We were successful in recruiting an additional anaesthetist as well as increasing the inventory of surgical equipment. We continue to work at making improvements to the regional surgical program.

### Public Health and Primary Health Care Services

Reaching out to the residents of South Eastman through the use of primary health care services was identified as a priority for improving the health of our population. Working toward making this a reality led to the development of a comprehensive primary health care approach (Primary Health Care Framework). The Primary Health Care framework was completed and approved by the Executive Management Committee in early 2008 and introduced to the Board and Regional Management Team.

The region was successful in securing federal dollars from the Aboriginal Health Transition Fund to support a primary health care project in the Western District. Implementation of the PHC Framework was identified as one of the project objectives and the project steering committee continues to guide this process.

The primary health care and public health programs were reviewed and two distinct but linked service areas emerged; the Public Health program and the Primary Health Care program. Funding received from MHHL to support primary care and healthy living led to the development of a Chronic Disease Management team and a Healthy Living team. New positions included a chronic disease nurse, social worker and dietitian as well as a health promotion coordinator, health corner workers and a healthy living facilitator. These two teams work collaboratively on the promotion of healthy lifestyles and management of chronic diseases and increased integration of services for our residents.



The ongoing recruitment challenges to new positions and associated space requirements have slowed the progress of implementation but these challenges have been overcome and access to Chronic Disease management and Healthy Living programs will continue to increase.

The Niverville Primary Health Care Centre moved into expanded space and this provided an opportunity to locate additional community services staff on site. The Niverville PHC team works collaboratively with the Niverville Medical Clinic team who are co-located within the Niverville Heritage Centre.

The Community Health Assessment process also highlighted access to primary health care services as a priority for the residents of South Eastman Health.

### **Stroke Prevention Initiatives**

Stroke is a medical emergency and seven Manitobans have a stroke every day. In late 2007, the Manitoba Heart and Stroke Foundation launched a regional stroke strategy which established work teams to integrate best practices into care protocols for health care providers to follow when treating someone with stroke symptoms. To date five protocols have been integrated into the standards of care for individuals. These include assessment guidelines, medical interventions, post stroke care, follow up information and referrals for education. There are three in-region physicians who have specialized in stroke care.

Bethesda Hospital also opened the first rural Stroke prevention clinic in February 2009. A nurse coordinator, who works half time, and a neurologist provide services one day a week. The clinic is designed to support and educate patients who have had a stroke to decrease the likelihood of suffering another stroke. In the first six weeks of its operation, 58 people were referred to the clinic for follow-up and approximately 50% of those did have a stroke or a stroke like event. They were referred by family physicians, the emergency department or were an inpatient. On average, they were seen in the clinic within five days of referral. In addition, the nurse coordinator, delivered educational sessions to a variety of groups on stroke prevention. The program is growing everyday and reducing the number and effects of stroke remains a goal for South Eastman Health.



*Grand Opening of South Eastman Health Stroke Prevention Clinic; Monique Vielfaure Mackenzie, CEO; the Honorable Kerri Irvin-Ross, Minister Healthy Living; and Debbie Brown, President and CEO, Heart and Stroke Foundation of Manitoba.*

### **P.I.E.C.E.S Initiative Long Term Care (LTC)**

In long term care, staff frequently become extended family for many residents and in any family there are challenges in communicating and living together. The region endorsed and supported the implementation of the provincial Alzheimers strategy including the education program called P.I.E.C.E.S (Physical, Intellectual, Emotional, Capabilities, Environment, Social) designed to provide staff with tools to effectively support and communicate with long term care residents. This initiative promotes best practice in understanding and enhancing care for people affected with dementia and complex physical, emotional and cognitive needs. It places the person and their family at the centre of care and provides staff with the education needed to bring about a culture and practice change in our personal care homes.

This initiative will result in better understanding and care for residents. Thus far our region has 25 professional staff in a leadership position trained in the P.I.E.C.E.S. program (40 hours) representing six LTC sites. All sites have implemented P.I.E.C.E.S. (with the exception of St. Adolphe due to the spring flood situation). Additional

P.I.E.C.E.S. related in-services were held in February/March 2009 in five LTC sites on the topic of "Person Centered Care" with a total of 107 front-line staff and managers attending.

The expected outcome is a decrease in occurrences of serious aggression from residents and an increased awareness and evaluation of the use of psychotropic medications in LTC. The aggressive occurrences are being analyzed for trends and changes over time and utilization of psychotropic medications is under review. These areas remain challenges for the long term care program in South Eastman Health.



### **Mental Health Program**

This has been a busy year for the mental health program in South Eastman. There were several funding announcements related to additional positions which brought changes to the delivery of services to those residents with mental health challenges. These additional positions included an Adult worker, a Child and Adolescent worker, two mobile crisis workers, a proctor and one clerical position. The Addictions Foundation of Manitoba also increased their staff to provide a full-time service to the South Eastman Region.

In the acute care program, Registered Psychiatric Nurse funding was obtained for the emergency department at Bethesda Hospital and they work closely with the mobile crisis team. The goal is provide seamless care for individuals presenting with mental health concerns. The expectation with these additional resources is to reduce wait times and increase accessibility to care. These areas remain a challenge in a rapidly growing region as demand continues to outstrip resources. Monitoring of case load and ratios of clients to workers is ongoing.

In addition to these funding announcements and staffing changes there has been an ongoing movement around bringing a Crisis Stabilization Unit (CSU) to the Region. The South Eastman CSU coalition is an alliance of concerned mental health consumers, family members and service providers that came together in the spring of 2008 to proactively advocate for the establishment of a CSU in the South Eastman Region. South Eastman Health worked together with the coalition to build a strong body of evidence to support the establishment of an in-region CSU. This initiative has been in the annual Health Plan submission to Manitoba Health and Healthy living for several years and remains a strategic priority for the South Eastman Health Board. Work is ongoing on this initiative and funding remains a challenge.

### **Services to Seniors**

Services to Seniors has had an ever expanding role in the area of health promotional activities especially in the more rural areas that do not have access to a multipurpose senior centre. Many community boards are the recipients of grant funding which support activities that encourage healthy living. These activities may include newsletters, workshops and sessions that promote exercise, good nutrition, mental health and increased knowledge of chronic illnesses like diabetes, arthritis, heart health, etc. Community and tenant resource coordinators provided 1,200 healthy living activities across the region with a monthly average of 100 events and the participation of 4,500 attendees. The program specialist for Services for Seniors wrote a new reference tool titled "Handbook for Support Services to Seniors Programs" for community/tenant resource coordinators and congregate meal



coordinators. The handbook provides over 200 pages of hands-on information on developing and implementing services, evaluation tools, current guidelines and forms for delivering services.

## FUNDING ANNOUNCEMENTS

South Eastman Health/Santé Sud-Est Inc. was also pleased to receive approval from Manitoba Health and Healthy Living for the following projects:

- Disaster Recovery/High Availability data centre project: \$250,000.
- Chronic Disease Prevention Initiative Community Funding: \$63,743 for 2008-09.
- Manitoba Health and Healthy Living funding for control of sexually transmitted incidences (STI) and HIV: \$81,600.
- Primary Health Care and Healthy Living Funding: \$256,480, 2008-09.
- Two Registered Psychiatric Nursing positions: \$68,876 2008-09.
- Long Term Care Strategy - Stage 2: \$435,997.
- Mental health positions including two mental health workers, one administrative assistant, one proctor, two mobile crisis clinicians and three mobile crisis clinician assistants: \$126,300 for 2008-09.
- The following Safety and Security projects:
  - Ste. Anne Hospital Chiller replacement: \$35,477
  - Replacement of the Vita Personal Care Home lighting and flooring project: \$437,500
  - Vita Hospital roof and Windows replacement: \$450,000
  - Bethesda Hospital Biological Safety Cabinet/Pharmacy Upgrade: \$145,000
- The following Specialized Equipment:
  - Ste. Anne Hospital Dual Scope Washer: \$80,000
  - Bethesda Hospital Cardiac Monitor: \$42,000
  - Bethesda Hospital Autoclave \$57,800
  - Regional Surgical Program, Bethesda Hospital Colonoscope: \$42,710, Gastroscope: \$41,000, Endoscope washer: \$75,000, Operating room tables and Orthopedic chair: \$112,000.
- Received formal approval for the Bethesda Emergency Department and Ste. Anne Operating Room capital projects to proceed to the schematic design phase.
- Federal funding received for improving the health of Métis, Aboriginals and Western District residents transitioning from traditional health care to a primary health care model: \$419,680.




## Community Partnerships

- Steinbach Family Medical Clinic partnered with the Assiniboine Lab to provide lab services and thus reduce the workload on Bethesda Hospital Lab services. These changes resulted in the region being able to increase lab services at Niverville Primary Health Care Centre.
- The Steinbach Family Medical Center was approved for phase II of the Physician Integrated Network (PIN) project.
- Continued Partnership with the Bethesda Hospital Foundation.
- South Eastman Diagnostics staff transitioned to the Diagnostic Services of Manitoba (DSM) in the fall of 2008.
- Workplace injury reduction initiatives included ceiling lift assessments at the Bethesda Place, Rest Haven PCH, Repos Jolys, Vita PCH (Whispering Pines) and Menno Home.
- Vita and District Health Centre received a donation from the Royal Canadian Legion Branch #176 for medical equipment of \$4,350.
- Bethesda Hospital Auxiliary raised funds toward Bariatric Equipment and a Bladder Scanner.
- The South Eastman Crisis Stabilization Unit (CSU) Coalition is working with the Region to build the best evidence to secure the establishment of an in-region CSU.
- StartFresh! partnered with Partners for Healthy Living to host networking forums.
- StartFresh! awarded 13 grants to ten communities for \$18,187.
- Transition of Falcon Lake EMS services to the Region in February 2009.
- Consultations with the Provincial Renal Program regarding possible implementation of a dialysis program.
- Ongoing Community Health Assessment processes with a facilitator providing consultative reports gathered from many community groups and individuals.
- The four hospital foundations work closely with the RHA and hospitals to support health capital projects and the purchase of specialized equipment.
- The RHA is supportive of the East Borderland Community Housing initiative which is underway to develop Supportive Housing and Elderly Persons Housing in RM of Piney.
- Several community organizations that provide Mental Health promotion and resource development.
- Eden East Inc. that provide supports in the area of housing and skills development.

## Expansion/Enhancement of Services

- Successfully transitioned the Diagnostics Staff from the Region to Diagnostics Services of Manitoba (DSM) in September 2008.
- Engaged in the updating and expansion of the RIS/PAC diagnostic system which provides digital diagnostic images to be shared between clinical sites and also allows physicians access to the diagnostic imaging history of a patient.
- Added a full-time ultrasound technologist at Bethesda.
- Two nurse practitioner positions.
- Two Registered Psychiatric Nurses positions.
- Nurses trained in Sexual Assault Nurse Examiner (SANE) program to provide specialized care to victims of sexual assault.
- Implemented new Mental Health positions; Adult, Child and Adolescent, Mobile Crisis team workers, a Proctor and clerical staff positions.



- 
- Expanded the Mobile Crisis team to 24/7 service.
  - Developed a Healthy Living Team.
  - Developed a Chronic Disease Management Team.
  - Expanded Immunizations programs (HPV).
  - Continued to provide mobile Breast Screening services with greater uptake.
  - Additional staffing in long term care as funded by Manitoba Health and Healthy Living (PCH staffing initiative).
  - Transitioned the Falcon Lake EMS service to our regional EMS program.
  - Continued to work with East Borderland Housing initiatives to support the development of supportive housing units in Sprague.
  - Reduced costs as per the Manitoba Hydro initiative by replacing lighting fixtures.
  - Successfully relocated part of the Materials Management Resources to additional warehouse space to handle increasing purchasing volumes, improving internal controls, and reducing risks related to potential losses as a result of hazards such as fire.
  - The RHA Information Systems Department managed several projects to replace computer equipment, ensure that the computer systems were secure and that computer users were supported through the development of a "Help Desk" along with increased technical support services.
  - Continue to participate in the national MORE<sup>OB</sup> program which focuses on the quality of care and patient safety for obstetrical clients.
  - Continued to expand the Safer Healthcare Now! initiatives at different levels within the region including Surgical Site Infection, Acute Myocardial Infarction, and Medication Reconciliation.

***New positions added in 2008-09***

- *Director of Pharmacy*
- *Additional Infection Control Coordinator*
- *Chronic Disease Nurse, Chronic Disease Social Worker, Dietitian*
- *Three part-time Registered Psychiatric Nurses for Bethesda Emergency Department*
- *Healthy Living Facilitator*
- *Healthy Promotion Coordinator*
- *Information Systems Technologist*
- *Two Mental Health Workers, one Proctor, two Mobile Crisis workers, three Mobile Crisis Clinician Assistants, Administrative Assistant*
- *Two Nurse Practitioner positions*
- *Manager of Primary Health Care Program*
- *Project Coordinator Aboriginal Health Transition Fund*
- *Project Assistant Aboriginal Health Transition Fund*
- *Office Administrator at Corporate Office*
- *Half-time Nurse Coordinator for the Stroke Prevention Clinic*

## PERFORMANCE RESULTS 2008-09

South Eastman Health/Santé Sud-Est Inc. has developed a comprehensive five year Strategic Plan whereby twelve priority areas were systematically identified to support Manitoba Health and Healthy Living goals for delivery of services in the regional health authorities. The Strategic Plan provides the foundation for measuring progress toward achieving these goals, and planning for future challenges and new objectives. The RHA has identified actions, outcomes and targets for each of its twelve strategic priorities over the course of its five year implementation of the Strategic Plan.

The RHA continues to address the distinct needs and challenges of its diverse population (i.e. new immigrants, above-average increasing aging population) and employee recruitment issues, as well as unique district concerns, which can present significant challenges and funding implications.

The next year, 2009-2010, will see the development of the next five-year strategic plan as a result of consultations with our residents through the Community Health Assessment process. The Community Health Assessment (CHA) process was undertaken in the fall of 2008 and the report is expected in the fall of 2009. References to the CHA in this annual report relate primarily to the processes used to gather information and data and not specifically to the results as they have not been officially released.

## STRATEGIC PRIORITIES

The five-year strategic plan of South Eastman Health/Santé Sud-Est Inc. consists of the strategic priorities listed below. They are not in any specific order other than population growth, which is seen to be the principal strategic priority.

- **Population Growth:** To collaborate fully in efforts to secure population-based RHA funding to meet the growing and changing needs of the South Eastman population.
- **Acute Care:** To work towards equitable in-region access to quality acute care services for all South Eastman residents.
- **Long Term Care:** To build the continuum of services required to meet the needs of the growing senior population, for residents living in the community and residents progressing through loss of full independence.
- **Primary Health Care:** To expand primary health care by modeling all community-based services on primary health care principles, focusing on prevention and health education approaches.
- **Palliative Care:** To enhance quality of living for residents reaching the end of life.
- **Mental Health:** To build on the significant enhancements made to community mental health program and services in recent years.

- **Population Health:** To improve the health of the population not only through health service provision but by working collaboratively with the community across all sectors to understand and address the whole range of health determinants.
- **Health Promotion and Illness Prevention/Education:** To further position promotion, education and prevention services as key to improving future health in the population.
- **Research:** To uphold the RHA's commitment to evidence-based health policy-making and planning.
- **Quality:** To foster an organizational culture that focuses on the client and the quality of care through continuous learning and service improvement.
- **Patient Safety:** To foster a culture that facilitates patient safety by focusing on safety, disclosure, a systems approach and learning, ultimately improving quality of care.
- **Human Resources:** To enhance quality of care by providing staff with the education, tools, experience, confidence and an environment that fosters a healthy workplace.

## POPULATION GROWTH

### Strategic Priority

*To collaborate fully in efforts to secure population-based RHA funding to meet the growing and changing needs of the South Eastman population.*

- To have adequate funding in all program areas.
- To more effectively meet the additional and unique needs of the overseas immigrants.
- To strengthen prevention and early intervention services to limit future demand for high-cost care.

### RHA Board Ends

- Residents have access to a full range of quality health care services.

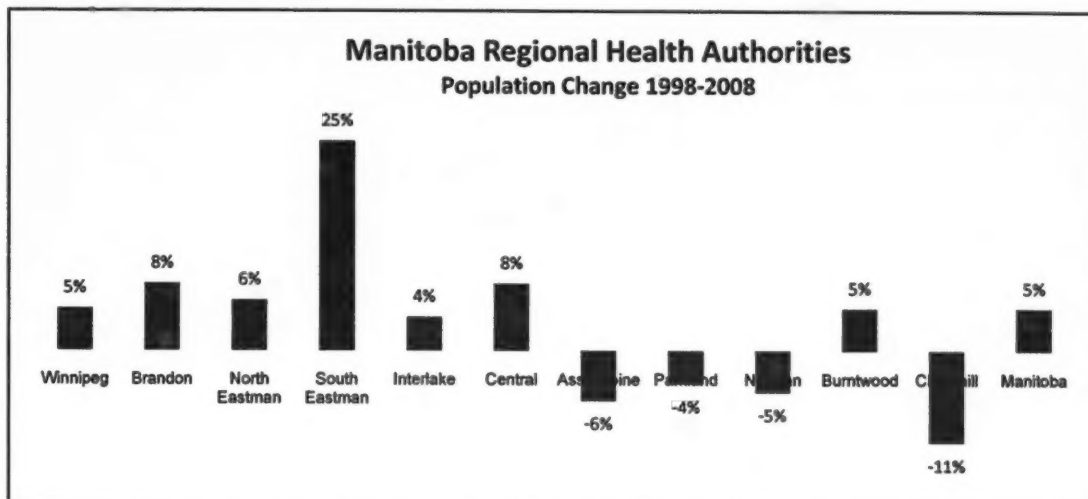
### Manitoba Health Link

- Optimize the health status of all Manitobans through prevention and health promotion.

## Context

- South Eastman is experiencing a level of population growth not experienced elsewhere in Manitoba.
- South Eastman has experienced years of steady growth which continues to create pressures on all RHA services. The RHA recognizes that to continue to deliver quality care using the right provider at the right place and the right time requires increases in funding. Therefore, to achieve the goal of quality services, funding is an essential element.
- Major contributors to population growth are immigration (particularly from overseas), in-migration and a high fertility rate.

- Immigrants have been identified by the RHA as a priority population group.
- Although visits to emergency rooms are not increasing, the number of visits to the walk-in clinics has risen to 28,000 annually in the Central district. In addition, the acuity levels of the patients being seen in the emergency rooms has increased, significantly affecting the workforce and space requirements.
- Demands for services have dramatically increased including obstetrics, midwifery, family health care, mental health and public health.
- South Eastman has steadily growing numbers of young families. In the Central district, home to nearly half of South Eastman residents, the number of children under the age of 15 has increased 40% over the past decade.
- Midwifery continues to be a high priority area with 159 clients declined services in 2008-09, compared to 119 in 2007-08 due mainly to full caseloads and the inability to recruit into vacant positions. The growing population is driving the increase in requests.



*Source: Manitoba Health and Healthy Living*

*South Eastman continues to experience significant population growth. Between 1998 and 2008, South Eastman experienced 25% population increase, five times that of the overall provincial population. The net increase to the region was 13,000 residents, representing fully 23% of the overall growth in Manitoba's population over the same period. At June 2008, the South Eastman population numbered 65,383.*

### Targeted Measures of Success

- Per capita funding.
- Administrative costs percentage.

### Results

- Based on the South Eastman population, the RHA's per capita funding for 2007-08 was \$991 per resident. The average for the Rural and Northern health regions was \$1,507 per person.
- Presented the health plan detailing resource pressures in June 2008.
- The RHA received a 6.1% funding increase for 2009-10.
- Met with MHHL Assistant Deputy Minister and Chief Financial Officer to discuss budget for 2009-10.

## Challenges and Future Directions

- Expansion of core services to meet the increasing needs across all programs will require additional funding to maintain those services with the pace of growth in the region.
- With increased base funding, expansion of prevention, community wellness and primary health care services to meet Manitoba Health and Healthy Living priorities.
- The Community Health Assessment will be integral to evaluating and adjusting our services to meet the changing needs of our overseas immigrant families as well as the ongoing needs of our diverse populations.

## ACUTE CARE

### Strategic Priority

*To work towards equitable in-region access to quality acute care services for all South Eastman residents.*

- To maintain equitable in-region access to acute care services.
- To strengthen Bethesda Hospital as a regional facility.
- To strengthen Ste. Anne Hospital as a regional bilingual facility offering French language services.
- To enhance emergency departments at the two regional hospitals.
- To enhance regional Emergency Medical Services.
- To focus obstetrical services at Bethesda and Ste. Anne Hospitals, the two regional hospitals.
- To increase midwifery services.

### RHA Board Ends

- Residents have access to select secondary services within the region.

### Manitoba Health Link

- Optimize the health status of all Manitobans through prevention and health promotion.
- Improve quality, accessibility and accountability in the health system.
- Achieve a sustainable health system.

## Context

- The Emergency Department established in 1986 at Bethesda Hospital is seeing double the expected visits and no longer meets space requirements.
- In South Eastman, the provision of French language services is a high priority and is bound by provincial legislation to provide health services in French to the French-speaking population. RHA responsibilities have increased and additional funding is required. South Eastman has the highest proportion of Francophone residents in Manitoba.
- Years of steady population growth have increased pressures on all RHA services.
- The RHA continues to plan for the four hospitals to provide core acute care services including emergency room services to local residents.

- The RHA is working to strengthen Bethesda Hospital as a central regional facility specializing in secondary and enhanced services, including Emergency Room and Cardiac Care. It also aims at having Ste. Anne Hospital function as a second regional bilingual facility providing French language services and select secondary services.
- Establishment of a Stroke Prevention Clinic in partnership with Manitoba Heart and Stroke.
- Continuing with Phase II education in the MORE<sup>OB</sup> program for obstetrics.
- Moving forward with the redevelopment of the Emergency Department at Bethesda Hospital and the Surgical Suite at Ste. Anne Hospital.
- Completing an assessment of needs at the Bethesda campus to identify future expansion requirements.
- Addressing surgical wait times within the region by adding surgical slates in the upcoming fiscal year.
- Recruiting bilingual employees and providing French language training to reach the target of 100% of employees able to provide service to Francophone clients in our designated bilingual facilities.
- Enhancing the regional Emergency Medical Services program to address volume increases.



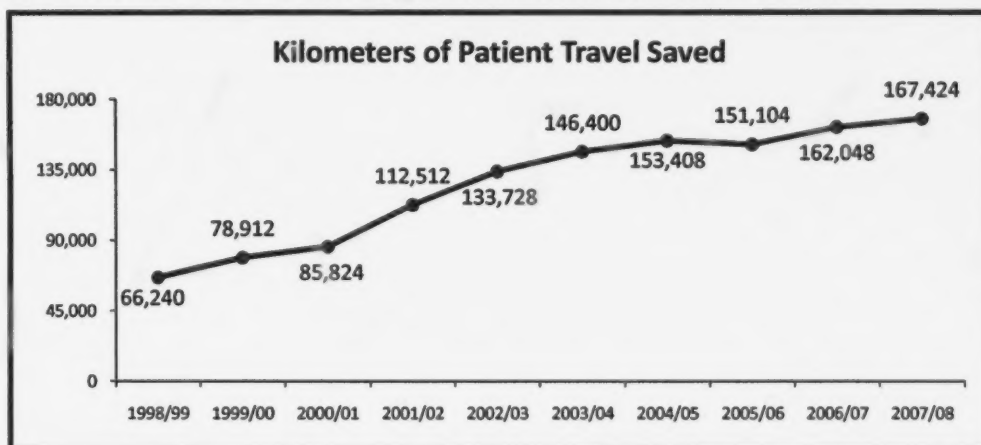
### Targeted Measures of Success

- Number of enhanced secondary services at Bethesda Hospital.
- Percentage of specialized nurses/physicians in the Emergency Department and Cardiac Care Unit.
- Percentage of employees able to provide French language services at designated bilingual facilities.
- Number of Emergency Medical Services primary unit shifts staffed at the Paramedic I and Paramedic II levels.
- Number of obstetrical deliveries or births at Ste. Anne Hospital and Bethesda Hospital.
- Total number of visits to the Emergency Department at Bethesda Hospital.
- Length of time from referral to visit with the Stroke Prevention clinic.

### Results

- All nurses and physicians at Bethesda Hospital developed specialized skills for the Cardiac Care Unit, which meets our target and enhances quality of care in the hospital.
- The secondary services provided at Bethesda Hospital are: Surgery, Obstetrics, Cancer Care, Childrens' Therapy, Rehabilitation and Advanced Diagnostics. We have added the first rural Stroke Prevention Clinic.
- Adjusted the management structure at Bethesda Hospital to two Clinical Managers to support the growing complexity of care within the Hospital.
- Sixty four percent (64%) (increase of 4% from 2007-08) of employees provide bilingual services in our designated bilingual facilities.
- One hundred per cent (100%) up from 95% in 2007-08 of the primary shifts in the Emergency Medical Services have a Paramedic I and 30% (down from 47% in 2007-08) have a Paramedic II on shift. The targets are 100% and 75% respectively. The decrease is related to staff turnover and changes to rotations that were implemented over the last year. The target of 75% of shifts having Paramedic II is still a goal.
- The number of births at Ste. Anne Hospital and Bethesda Hospital has reached 490, up 19 births since 2007-08. The target is 600 per year.

- The total number of visits to the Emergency Department at Bethesda Hospital increased to 23,889 from 22,577 in 2007-08. This is comparable to the community hospitals in other RHAs. The acuity levels and complexity of care continues to increase.
- The Nurse Practitioner in the Bethesda Hospital Emergency Department continues to provide direct care to patients triaged as level 4, 5 and 6 (non urgent).
- A total of 4,395 non-urgent cases presented to the Bethesda Hospital Emergency Department.
- The capital projects for both Ste. Anne Hospital (surgical suite) and Bethesda Hospital (Emergency Department) continue to be developed with Stantec and L.M. Architect firms being named respectively.
- The average time from referral to visit at the Stroke Clinic is 5 days.
- The new Cancer Care area at Bethesda continues to address local resident care need.



*Source: Cancer Care Manitoba 2007 – South Eastman Cancer Care Program 2008*

*The availability of quality cancer care close to home assists to alleviate the emotional and physical stresses placed on patients and families. For the year 2007-08, a total of 167,424 kilometres of patient travel were saved.*

## Challenges and Future Directions

- The Stroke Prevention Clinic was established separately from the program in the Emergency Department as there is no after-hour radiologist support for emergency stroke treatment. This is being followed at the provincial acute care network and with DSM.
- Phase II education in the MORE<sup>OB</sup> program for obstetrics is undertaken but continued support requires significant financial commitment from the organization following the completion of all three modules in 2010. This will be important to sustain ongoing evidence based practice.
- The redevelopment of the Emergency Department at Bethesda Hospital and the Surgical Suite at Ste. Anne Hospital continue to move forward. The challenge is to address the funding gaps to bring the projects to completion.
- The assessment of needs at the Bethesda campus to identify future expansion requirements was completed. The challenge is determining the next steps.

- Surgical slates were added in the last year to address wait lists with some success but human, and fiscal resources as well as environmental restraints prevent consistent reduction of wait times.
- Redevelopment of the Surgical Suite at Bethesda Hospital is essential to the future of the surgical program in South Eastman Health. Capital project submitted in the 2009-10 Health Plan as well as the 2010-11 Health Plan.

## LONG TERM CARE

### Strategic Priority

*To build the continuum of services required to meet the needs of the growing senior population for residents living in the community and residents progressing through loss of full independence.*

- To help seniors live in the community as long as possible, in safe environments with quality of life.
- To enhance access to appropriate accommodations for seniors with activity limitations and disabilities.
- To partner with communities in developing senior housing options.

### RHA Board Ends

- Vulnerable population groups are identified and have their specific needs met.

### Manitoba Health Link

- Optimize the health status of all Manitobans through prevention and health promotion.

### Context

- The senior population in the South Eastman region is increasing much more rapidly than in the rest of Manitoba. Pressures on facility-based and community-based senior health services are steadily rising.
- Rapid growth of the senior population has led to a decline in the availability of care services, specifically primary care and personal care homes.
- The growing senior population also needs enhanced primary health care and support services to help seniors remain healthy and independent in the community for as long as possible.
- As the population increases and ages, and numbers of people with cancer and other life-limiting illnesses rise, needs and expectations for access to quality, flexible, and individualized cancer care and palliative care services are escalating.
- South Eastman is the fastest growing region of Manitoba. It is expected that by 2010, the personal care home beds ratio will be at 103 per 1,000 persons over the age of 75.
- The Long Term Care sites including the contract and proprietary homes underwent Standards review from Manitoba Health and Healthy Living.



## Targeted Measures of Success

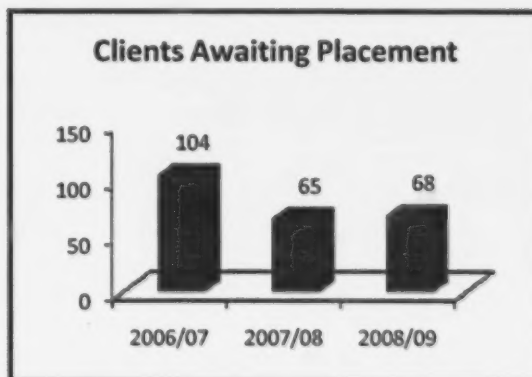
- Number of personal care home beds per 1,000 residents over 75 years of age.
- Comprehensive Long Term Care review completed.
- Number of supportive housing units developed.
- Demonstrated increase in number of standards met in Provincial PCH Standards Review.

## Results

- The personal care home beds ratio is currently at 107 (decreased from 134 in 1998) per 1,000 persons over the age of 75.
- The Regional Long Term Care Strategy Working Group gathered data and evidence to guide the Board in the development of a regional long term care (LTC) plan.
- Received Phase II funding for the LTC strategy for supportive housing and support for seniors in group living.
- An action plan was completed to operationalize the LTC Report and is in the process of being implemented.
- Developed a capital plan to address current and projected increased needs for PCH beds and ensure adequacy of supply. The RHA submitted findings from the LTC Report through the 2009-10 Health Plan Capital Project schedules and also in the 2010-11 Health Plan.
- The average monthly waiting list for personal care home or supportive housing was 82 in 2007-08. In 2008-09, the number of people waiting over a year for placement was 24 individuals. Despite an increase in supportive housing beds, the region still had an average of 68 people awaiting placement.
- Number of supportive housing opportunities has increased (39 additional funded beds) through projects in St. Malo, Niverville and Steinbach.
- Continue to work with potential community partners regarding housing development especially at East Borderland in Sprague, Grunthal and Ste Anne.
- All of the personal care homes were reviewed regarding compliance to the provincial standards for Long Term Care and are currently implementing action plans.

## Challenges and Future Directions

- Maintaining our partnership and support of the East Borderland Phase III project encompassing elderly persons housing/supportive housing/personal care home.
- Enhancing home care and community support services for seniors.
- Gathering data and evidence to support the regional Long Term Care plan.
- Continuing with the implementation of recommendations from the Long Term Care report.
- Pursuing community partnerships for personal care home/supportive housing initiatives in the region.



Source: Home Care Program

*The number of clients awaiting placement is a fluid number which is influenced by a variety of factors. The decreasing trend is not reflective of the overall need for placements in the region but rather reflects a point in time. It remains a challenge to place individuals in their first choice, with the correct level of supports and in a timely manner.*

- Implementing the P.I.E.C.E.S. strategy which provides an approach to understanding and enhancing care for individuals with complex cognitive/mental health needs and behaviour changes. The P.I.E.C.E.S. acronym (Physical, Intellectual, Emotional, Capabilities, Environment, Social) provides a framework for exploring and understanding the multiple causes of behaviour and what has changed for the individual.
- The increase in the 75+ population, 2% per annum or 23% since 1998 presents a challenge with the PCH bed supply. The projection is for 94 beds per 1,000 persons over age 75 by 2015.

## PRIMARY HEALTH CARE

### Strategic Priority

*To expand primary health care by modeling all community-based services on primary health care principles, focusing on prevention and health education approaches.*

- To increase the quality and effectiveness of services provided at the first level of contact with the health system.
- To enhance prevention, health promotion, health education and service integration.
- To meet expressed community needs for greater emphasis on front-line health services, new approaches to service provision, increased accessibility, increased flexibility and alternate modes of delivery.

### RHA Board Ends

- Residents have access to primary services.

### Manitoba Health Link

- Optimize the health status of all Manitobans through prevention and health promotion.
- Improve health quality, accessibility and accountability of the health system.

## Context

- Providing the right service to the right person at the right time is a high priority for South Eastman RHA and is seen as expected by our residents.
- Population growth and aging, accompanied by high volume increases, have significantly reduced access to physician-driven health services in South Eastman. Problems are compounded by a scattered geography with relatively few service sites.
- Physician recruitment and retention presents ongoing challenges region-wide.
- Declining access to primary health care due to population growth challenges the RHA to work towards innovative approaches to service delivery and expanded provision of comprehensive health services in primary health care settings.
- A regional Primary Health Care Framework was developed to promote evidence-based, sustainable and integrated primary health care renewal by integrating the principles of primary health care into the design, delivery and evaluation of services and programs.
- A submission to the Aboriginal Health Transition Fund (AHTF) was successful and will support further development of a primary health care model in the Western District of the region.
- Submitted a proposal requesting support for additional Registered Nurse Extended Practice (RNEP) positions in the region.

- Furthered community outreach by partnering with the Conseil communauté en santé du Manitoba (CCS) and the Table de concertation régionale Sud-Est to establish community health resource centres in Ste. Agathe and La Broquerie. The centres were officially opened to the public in April 2007 and have provided such services as medical and public health consultations, health promotion activities, workshops and sessions on various topics, a health corner and computer for public access.
- Launched the RHA's public website in February 2007. Prior to the launch of the new Intranet site in October 2007, the public site had a total of 35,971 page hits. This will continue to increase with the public becoming more aware of the new website, as well as with employees accessing the RHA Intranet site for such resources as administrative documents, forms, news items and staff information.

### **Targeted Measures of Success**

- Regional health education/information plan developed.
- Number of RHA website hits.
- New initiative in the 2010-11 Health Plan.

### **Results**

- Regularly updated content on all program areas of our public website and our Intranet site to ensure the public and RHA employees have access to timely and current information. This included updates such as health education tips, news and events, Board minutes, links, and administrative reference materials.
- The regional primary health care framework is being operationalized through the Aboriginal Health Transition Fund (AHTF) project in the Western District.
- Developed a Healthy Living Team and a Chronic Disease Management team which increased the ability to provide prevention and promotion initiatives.
- New funding announced to support the chronic disease prevention initiatives, healthy living initiatives, diabetes programs, and cancer prevention.
- Public Health/Primary Health Care programs were reviewed and restructured as two distinct but linked programs.
- Received funding for two Nurse Practitioner positions.

### **Challenges and Future Directions**

- Implementing the regional Primary Health Care framework.
- Utilize the Community Health Assessment data for the strategic planning for the next five years.
- Expansion of sites providing integrated service delivery as per the Primary Health Care model.
- Exploring the development of primary health care services in collaboration with medical clinics.
- Implementing regular updates of information and links to the RHA public and intranet sites.
- Furthering community outreach to bring education, information and wellness activities closer to people's homes.
- Enhancing services at East Borderland and Niverville Primary Health Care Centres.
- Implementing the Aboriginal Health Transition Fund project in the Western district.
- Actively recruiting Registered Nurses Extended Practice (RNEP) for approved positions.
- As the teams at each primary health care centre continue to grow, developing ongoing working relationships within the geography of a rural health authority is a challenge.
- Ensuring that the correct service provider is delivering the right care to right client in a timely way will require clear understanding of roles and responsibilities within the programs.

## MENTAL HEALTH

### Strategic Priority

*To build on the significant enhancements made to community mental health programs and services over the past few years.*

- To increase community knowledge and understanding and reduce stigma associated with mental health.
- To increase access to quality mental health services in the community.

### RHA Board Ends

- Residents have equal opportunities to realize their full potential for health, are supported by healthy families and healthy communities, and make educated decisions and choices about healthy lifestyles.

### Manitoba Health Link

- Optimize the health status of all Manitobans through prevention and health promotion.

### Context

- Mental health continues to be a priority across communities, gender and age groups.
- South Eastman's community health programs are experiencing steadily increasing volumes across all areas. There are ongoing needs for improved public awareness, expanded community services including housing and a crisis stabilization unit so that clients can receive crisis intervention services closer to home.
- Between April 2005 and March 2007, requests for Child & Adolescent and Adult/Intensive Case Management services increased by 59% and 57% respectively. Requests for Mental Health Services for Older Adults also increased by 103%. These volumes remained consistent in 2008-09.
- From 2006 to 2008/2009 incoming crisis calls remain consistent with calls per month varying between 200 to 274 per month. Additionally, the service provides an average of 178 follow-up calls per month. Community visits are a key part of the mobile service and vary between 19 and 38 monthly.
- There are no resources for crisis stabilization and no psychiatric beds within South Eastman.
- Mental health is consistently amongst the top priorities referenced in all CHA community consultations.

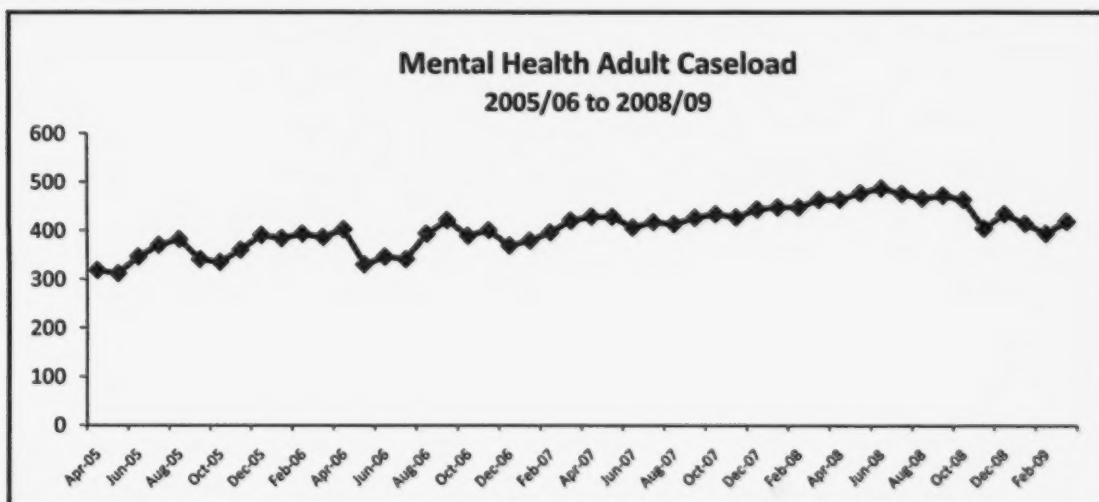
### Targeted Measures of Success

- Number of community Mental Health Proctors.
- Number of clients admitted to a Crisis Stabilization Unit outside the region.
- New Initiative and Capital Project schedules were submitted in the 2009-10 Health Plan.
- Adult caseload at provincial target of 50.

### Results

- Developed a case management database and provided training utilization to Case Managers from the Mental Health program. The database will provide additional evidence to identify resource needs within the program.
- Submitted a Capital Project Schedule in the 2009-10 Health Plan for the development of a Crisis Stabilization Unit within the South Eastman region. Met with Manitoba Health and Healthy Living to discuss the strategies and project.

- Initiated the implementation of the Proctor Services Review Action Plan. In Phase I of the Proctor Service redevelopment, an increase of 33% of clients was served within the current budget, including the hiring of four new proctors. Delivered a Proctor training session. Made a presentation to the Manitoba Schizophrenia Society regarding Phase I updates and expansions to Proctor Service. There are 15 Proctors across the four planning districts of the region.
- The new psychologist position was filled and the successful applicant commenced in September 2008.
- Actively lobbying with Addictions Foundation of Manitoba (AFM) and Mental Health & Addictions Directorate for increased AFM employee time resulted in an increase to full time for one position.
- Submitted a Specialized Supports application and lobbied for funding for Specialized Supports under the Long Term Care Strategy to support older adults with mental health concerns. Awaiting funding announcement.



Source: South Eastman Health/Santé Sud-Est Inc.

Mental health caseloads are rising steadily. Between 2004-05 and 2007-08, the adult caseloads increased to 82%. In December 2007, the average adult caseload in the RHA's Mental Health Program was 67% and peaked in June 2008, remaining consistent at or over the 400 case level.

## Challenges and Future Directions

- Continue to actively lobby the Addictions Foundation of Manitoba (AFM) and Mental Health & Addictions Directorate for increases in AFM employees.
- Gathering data on out-of-region admissions to both Crisis Stabilization Units (CSU) and hospitals to further support the need for a South Eastman regional (CSU).
- Continuing to support the Mental Health Advisory Council and holding regular meetings to provide direction in the Mental Health program.
- Exploring various best practice options and alternatives, and providing a continuum of high quality community mental health services in a variety of community settings.
- Utilize the Community Health Assessment (CHA) data for planning of the next five-year strategic plan.
- Encourage and support the development of safe adequate, affordable, housing and flexible supports for Mental Health clients and their families.
- Partnerships are being developed with several government departments such as Family Services and Housing as well as Child and Family Services.

## HEALTH PROMOTION AND ILLNESS PREVENTION/EDUCATION

### Strategic Priority

*To further position promotion, education and prevention services as key to improving future health in the population.*

- To achieve a strong focus on health promotion/illness prevention and education across all regional programs and services.
- To build on information from the community consultations to develop more effective ways of providing residents with access to information on healthy living.

### RHA Board Ends

- Residents have a good knowledge of healthy living practices.

### Manitoba Health Link

- Optimize the health status of all Manitobans through prevention and health promotion.

### Context

- South Eastman residents and the RHA recognize illness prevention and health promotion as fundamental to sustaining the health care system and optimizing the health of Manitobans. A crucial component of delivery of effective prevention programming is sufficient resources to implement initiatives that promote the adoption of healthy living practices.
- Programming must be gender-appropriate and take into account cultural/language differences and the region's relatively low education and income levels.
- There is also mounting evidence that greater investment in young families, particularly during children's early years, pays huge dividends in terms of long-term population health and well-being and sets the foundation for healthier societies.

### Targeted Measures of Success

- Number of quality teams with promotion and prevention elements identified in their quality action plans.
- Number of community health resource centres established in the region.
- Number of community chronic disease prevention initiatives.
- Number of RHA public and intranet website hits.

### Results

- Regional Quality Teams, which represent programs and services across the organization, were audited for promotion and prevention elements within their action plans. Ten out of 13 teams had identified opportunities to include prevention/health promotion initiatives.
- The two new community resource health centres: one in Ste. Agathe and the other in La Broquerie continue to grow and our community partners and residents are supportive of the health centres. La Broquerie now has access to telehealth technology.

- Healthy living includes providing leadership on initiatives such as the prevention of chronic disease. The community-based steering committee, which included membership from our District Health Advisory Councils, supported community projects focused on healthy living. There were a total 13 projects implemented in 10 communities. The feedback on these initiatives has been resoundingly in support of continuing the focus on the projects. The target is only limited by the resources available to support the projects.
- The introduction of the RHA intranet site facilitated communication with our employees regarding health promotion and prevention workshops and education, as well as connections to resources to support the dissemination of critical healthy living information. The websites continue to grow as we add new information and links, making information readily accessible to our residents and employees.

### Challenges and Future Directions

- Having health promotion and illness prevention/education form core components of all regional programs and services as identified in the quality action plans.
- Developing and implementing a regional health education/information plan.
- Enhancing and monitoring/evaluating the RHA website information and links, as well as its content management.
- Targeting young families and young children with education and choices about healthy lifestyles to encourage the development of healthy living practices at a young age.
- Developing healthy living resources and supporting prevention/health promotion programming.
- Implementing the culturally-relevant prevention/health promotion activities of the Aboriginal Health Transition Fund project.
- Establish additional community health resource centres.
- Partnering with communities to support healthy living initiatives.



## QUALITY

### Strategic Priority

*To foster an organizational culture that focuses on the client and the quality of care through continuous learning and service improvement.*

- To provide staff with training and education in quality improvement.
- To ensure continuous process for client feedback.
- To support quality teams as doing “work” of the region.
- To share learning opportunities with staff.
- To foster respect between all service providers through improved communication.
- To improve communication between patients and service providers.

### RHA Board Ends

- Residents have access to a full range of quality health care services.

### Manitoba Health Link

- Improve quality, accessibility and accountability.

### Context

- The Board has prioritized quality of care and patient safety as areas of focus, but is challenged due to population growth and inadequate resources.
- It is important for all levels of RHA employees to receive training and education in quality improvement.
- The RHA aims at coordinating and conducting client satisfaction surveys at regular intervals.
- Provide feedback in the form of balanced scorecard reporting.

### Targeted measures of success

- Quality and patient safety education included in regional orientation sessions.
- Client satisfaction surveys reported to the Board and stakeholders.
- Number of employees on Quality Teams.
- Accreditation Canada status.

### Results

- General regional orientation sessions are held four times a year, and include quality and patient safety education. One hundred and twenty seven (127) employees attended regional orientation in fiscal year 2008-09. A total of 227 employees have had quality and patient safety education through the regional orientation process in the last two years.
- Data was collected from client satisfaction surveys completed in Long Term Care, the Bethesda Hospital Emergency Department, as well as the Obstetrical programs. The results were shared with the Board, Regional Quality teams, Regional Management Team and Medical Advisory Committee. Overall, 382 surveys were distributed with 202 returned which represents a 52.8% return rate. The results are also posted on the website for employees to review along with hard copies available at each site. Areas for improvement are being reviewed.

- The role of the Quality Improvement/Risk Management committee and the Quality Team Leaders group is under review.
- The Region achieved Accreditation with Conditions in 2008-09. The follow up reporting was completed on schedule and requires further work. Medication Reconciliation is one area of focus which is an ongoing project within the region under the area of Patient Safety. This will be fully addressed by 2011 when the next Accreditation Canada visit is scheduled.



### Challenges and Future Directions

- Ensuring quality improvement education is provided to all levels of employees beyond general orientation.
- Ensuring review of Quality Team structure is completed to ensure efficiency and streamlining of processes.
- Coordinating and conducting valid and reliable client satisfaction surveys at regular intervals as well as reporting results in a timely manner.
- Continuing to implement opportunities for improvement on standards as identified through Accreditation Canada processes, as well as monitor and evaluate identified areas of improvement.
- Positioning the region for the next accreditation cycle in 2011.
- Dedicating resources to the collection of data, development of electronic process and systems to assist with data collection and synthesis.
- Focus on increasing our performance measurement reporting and development of a consistent and balanced mix of performance indicators.

## PATIENT SAFETY

### Strategic Priority

*To foster a culture that facilitates patient safety by focusing on safety, disclosure, a systems approach and learning, ultimately improving quality of care.*

- Meet the Patient Safety goals as outlined in the Accreditation Canada Patient Safety Goals and Required Organization Practices to include:
  - Create a culture of safety and learning within the organization;
  - Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/services;
  - Ensure the safe administration of high risk and parenteral medications;
  - Create work and physical environment that supports the safe delivery of care/service;
  - Reduce the risk and impact of organization-acquired infections across services.

### RHA Board Ends

- Residents have access to a full range of quality health care services.

### Manitoba Health Link

- Improve quality, accessibility and accountability.

## Context

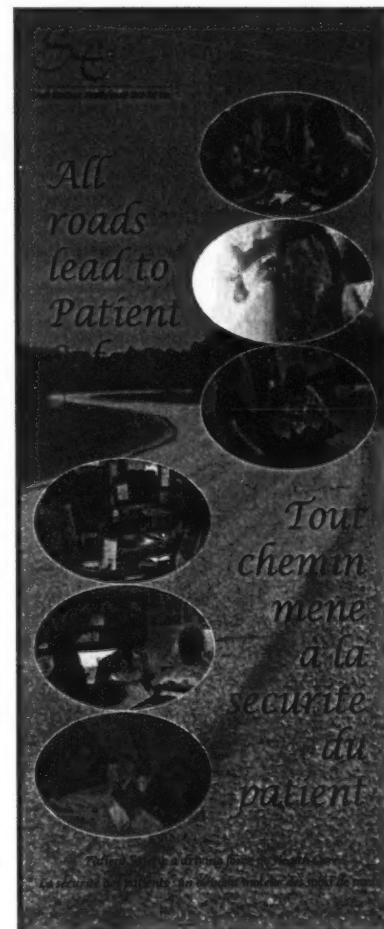
- Patient Safety is a topic receiving much attention following the Baker & Norton (2004) "Canadian Adverse Events Study: the Incidence of Adverse Events Among Hospital Patients in Canada." Providing annual training on patient safety to all employees is therefore critical.
- The Board has prioritized quality of care and patient safety as areas of focus within the Strategic Plan of the RHA. Activities pursuant to this include: informing clients/families about their role in patient safety; reconciling medications upon admission/transfer; establishing a medication management cycle; monitoring infection rates and sharing results throughout the organization; and delivering education on hand hygiene to employees, volunteers and other providers.
- Accreditation Canada has also increased the profile of patient safety by highlighting 31 required organizational practices which include areas of communication, medication management and infection control. In connection with these required organizational practices, as well as the Manitoba Health and Healthy Living priorities of improving patient safety and quality care, the region has joined three of the Safer Health Care Now initiatives: Surgical Site Infection, Medication Reconciliation and Acute Myocardial Infarction.

## Targeted Measures of Success

- Education on and participation in the Manitoba Institute of Patient Safety (MIPS) initiatives such as It's Safe to Ask campaign.
- Number of sites/programs implementing medication reconciliation.
- High Risk medication policies are in place.
- Annual training of employees on patient safety issues and concerns.
- Number of hand hygiene compliance audits.
- Surgical site infection rates.
- Medication Reconciliation policy adopted.

## Results

- The brochures from the Manitoba Institute of Patient Safety explaining the It's Safe to Ask campaign are in all acute care and long term care sites in the region. RHA employees are familiar with the initiative. The community programs were introduced to this initiative during Patient Safety Week, held in October 2008.
- Medication Reconciliation has a focused project plan and regional steering committee committed to implementing the practice throughout the region by 2011. Two acute care sites are currently completely implemented in the Medicine program. Three of the seven long term care sites are in a pilot phase. Ste. Anne Hospital is also in a pilot phase in the medicine program and Bethesda Hospital is scheduled for the fall of 2009.
- Education sessions on the process of medication reconciliation have been delivered to various stakeholders including the Board, physicians, nurses, pharmacists and management.
- Medical Advisory Committee and Nursing Practice Council have approved the Medication Reconciliation Policy.



- High Risk medications are appropriately identified, stored, and administered according to policies.
- Initiated annual training of employees during Patient Safety Week in October 2007, and continued in October 2008 where the RHA continued to emphasize hand hygiene practices as well as the use of personal protective equipment. A hand hygiene audit was completed in all locations and programs and follow up audits completed in 2008-09. A year after the campaign launch showed a 15% increase in compliance with the hand hygiene policy compared to the baseline data. The greatest improvements noted were the availability of alcohol-based hand rub at nursing stations and reception areas, as well as the awareness and ability of employees to locate the hand hygiene procedure.
- Surgical infection rates are consistently low across all procedures, and the use of post-operative antibiotics is an expected and accepted practice in the regional surgical program.

### **Challenges and future directions**

- Implementation of the new revised Accreditation Canada requirements to make employees aware of approaches the RHA is using to inform and educate patients/families about their role in patient safety.
- Providing annual training on patient safety to all employees continues as an initiative.
- Delivering education on hand hygiene to employees, volunteers and other service providers will be ongoing especially in light of the H1N1 flu.
- Implementing medication reconciliation across the region.
- Implementing and monitoring the High Risk Medication Policy.
- Continuing to implement the integrated Risk Management Strategy.

### **OTHER REGIONAL CHALLENGES AND FUTURE DIRECTIONS**

- Factors that could affect the achievement of the RHA's future directions include adequate funding, population growth, as well as recruitment and retention challenges.
- Advocating with Manitoba Health and Healthy Living to recognize our need for adequate funding to achieve the RHA's strategic priorities, service requirements due to population growth, as well as recruitment and retention challenges.
- Providing core acute care services, including Emergency Department services to local residents, in all four hospitals.
- Strengthening Bethesda Hospital as a central regional facility specializing in secondary and enhanced services, including Emergency Department services, Cardiac Care and Stroke treatment.
- Implementing the Palliative Care Steering Committee with representatives from across the continuum of care to support broad based program and policy development.
- Continuing to share information on population health and literacy broadly, at all levels within the community.
- Creating ongoing opportunities to enhance community understanding, discussion, and collaboration on population health issues.
- Broadening and strengthening community partnerships, with greater investment in literacy, early childhood, and other community-based population health initiatives.
- Pursuing partnership research projects to expand local evidence and provide data to guide regional policymaking and planning.



- Establishing a regional staff development program that provides all employees with ongoing education, training, upgrading and skills evaluation.
- Providing appropriate tools and resources to enable employees to meet quality standards.
- Strengthening the existing volunteer base across all programs.
- Incorporating the Community Health Assessment into the strategic planning process for the next five-year strategic plan.

## **RISK MANAGEMENT STRATEGY**

South Eastman Health/Santé Sud-Est Inc. has an integrated Risk Management Policy which helps us ensure that risk is managed within the region's health care system. The intent is to provide the foundation to a non-threatening environment which will encourage the development of a work force capable of recognizing and dealing with risk issues. Patient safety principles were included in the regional orientation starting in December 2007, which to date has now reached 227 new employees.

Ongoing reporting of occurrence information is in place and reports are generated quarterly to follow the trends within our facilities. We are working towards improving our database collection system to provide more detailed information in the future. A five-year trend analysis is completed and will be shared with the management team in September 2009.

Service Concerns information is available on the RHA external website and the policy is on the internal website. We encourage prompt replies and resolutions to all complaints brought forward. We have used executive walkabouts in key areas of the organization to identify potential risks and safety concerns.

Recommendations from the site visits are being pursued for possible implementation. Executive walkabouts were completed in the Home Care program and the Surgery department at Bethesda Hospital this spring. We are also working proactively on the new Required Organizational Practices from Accreditation Canada, such as dangerous abbreviations and narcotic safety.

## **DATA LIMITATIONS**

The business of health care is dedicated to patient care and data collection, synthesis and analysis is valuable to making informed decisions to improve the patient care experience. Collection and reporting of performance measures requires reliable, valid and tested methodology. A variety of sources are accessed to gather pertinent information to assist with decision-making. All data must be considered within a context and presented to the audience in an understandable and useful way. For South Eastman Health, the ability to set benchmarks and targets has been limited within this report due to a lack of consistency in data gathering methodology from other programs. Where possible we have used Manitoba Centre for Health Policy data as well as reliable survey information as our benchmarks of comparison.

## CAPITAL PLAN

South Eastman Health/Santé Sud-Est Inc. continues to upgrade its capital infrastructure throughout the region to meet legislative, standards of care and program volume needs. Prioritization of all capital projects and of safety and security projects occurs annually.

### Emergency Department Project at Bethesda Hospital

This project was announced by the Minister of Health in October of 2007 and much work has been completed to date. The functional plan and design work with the architects has been completed.

The renovations and expansion will provide:

- an observation area;
- a dedicated special care unit;
- enlarged waiting areas for the emergency department and the laboratory;
- a new private admitting and triage area;
- additional examination and treatment spaces;
- a quiet family room;
- a phlebotomy area (for collection of blood);
- an expanded nurse charting area and a conference/workspace area;
- a dedicated medication room;
- a special care unit (CSU); and
- a mental health examination room.

### Operating Suite and Post Anaesthesia Care Unit at Ste. Anne Hospital

The Minister of Health also announced the investment of more than \$6 million for renovations to Ste. Anne Hospital in the fall of 2007. The design phase of the project has been completed with the architects

The renovations will include:

- the creation of an additional operating room theatre, bringing the total number of theatres in the surgical suite to two;
- renovation of a room to be dedicated to scope procedures;
- the development of a dedicated post-anaesthetic care unit next to the surgical rooms; and
- upgrades to the emergency generator, cooling system and mechanical space.

## HEALTH AND HEALTHY LIVING

- Executive Management approved the creation of an Employee Work-Life Committee, which will begin activities in 2009-10.
- The Recruitment Officer position has addressed challenges in recruitment to positions such as physicians, nurses and other health professions, as well as employee retention.
- The RHA holds staff appreciation barbecue luncheons annually at each of its four acute care facilities to recognize all employees and volunteers for their dedication and commitment to the RHA and its clients.
- The RHA holds an annual Long Service Award event whereby employees with more than 10 years of service are recognized and receive customized awards for their years of service.
- The Chief Executive Officer held an annual Team Building Day for the Regional Management Team.

## THE PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION) ACT

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public sector.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or knowingly directing or counselling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by South Eastman Health/Santé Sud-Est Inc. for fiscal year 2008-09.

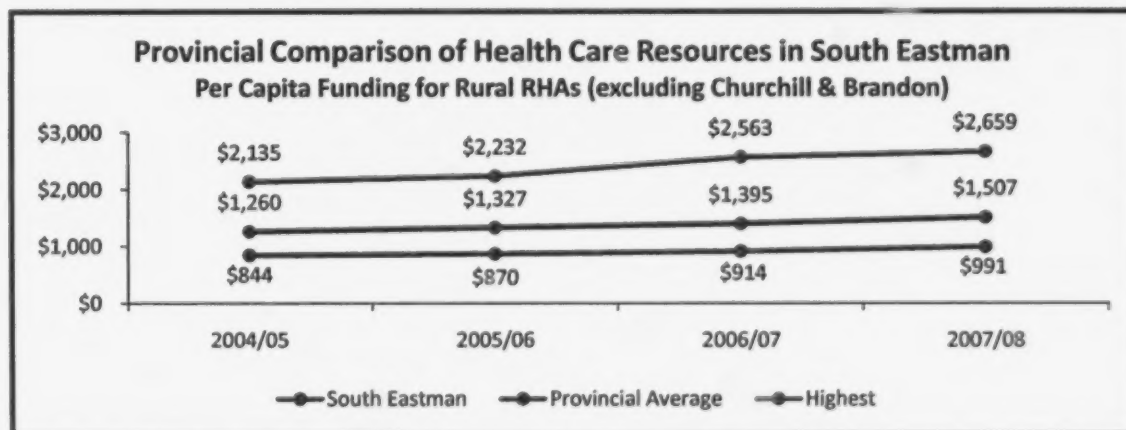
Information required annually (per Section 18 of the Act)	Fiscal year 2008-09
The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a)	NIL No disclosure was received.
The number of investigations commenced as a result of a disclosure. Subsection 18(2)(b)	NIL No investigation was commenced under the Act.
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. Subsection 18(2)(c)	NIL No investigation was commenced under the Act.

## ADMINISTRATIVE COST REPORTING

The Minister has requested that all Health Authorities provide more detailed public reporting on their administrative costs. In order to provide more transparency and clarity as to what is included in the nationally accepted definition of administration costs, the administration costs are to be reported in 3 categories: Corporate, Patient-Care Related, and Human Resources & Recruitment. These three categories are then to be reported as a percentage of total operating expenses. In accordance with this reporting requirement the following table is provided:

Type of Administrative Cost	Total 2008-09 Cost	% of Total 2008-09 Operating Expense
Patient Care	\$149,649	0.18%
Human Resources & Recruitment	\$957,996	1.17%
*Corporate	\$4,118,593	5.03%
<b>Total Administrative Cost</b>	<b>\$5,226,238</b>	<b>6.38%</b>

*\*Includes Executive Management, Risk Management, Planning, Finance, Payroll, Information Services, Board, DHAC, Accreditation, Materials Management, Quality Assurance, Public Relations, French Language Services and Communications.*



Source: Manitoba Health and Healthy Living Annual Report  
 Manitoba Health and Healthy Living Population Report

South Eastman Health/Santé Sud-Est Inc. continues to be well below the provincial average of \$1,509 in terms of per capita funding in 2007-08. Despite above average funding from Manitoba Health, the strong population growth has resulted in the RHA having the lowest per capita operating funding in the province for 2007-08.

## CONDENSED STATEMENT of FINANCIAL POSITION

### SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC. Condensed Statement of Financial Position

March 31 2009 2008

	Regional Health Authority	Contract Facilities	Consolidated	Consolidated
<b>Assets</b>				
<b>Current Assets</b>				
Cash	\$ 7,105,007	\$ 399,188	\$ 7,504,195	\$ 1,871,183
Accounts receivable	1,810,086	133,729	1,943,815	2,491,319
Due from Manitoba Health and Healthy Living	-	-	-	832,732
Inventories	1,350,832	84,754	1,435,586	1,264,514
Prepaid expense	369,474	26,892	396,166	389,440
Vacation entitlements receivable	2,165,279	488,270	2,653,549	2,653,549
	12,800,678	1,132,633	13,933,311	9,502,737
Retirement obligations receivable	1,898,575	458,577	2,357,152	2,357,152
Restricted assets	101,767	-	101,767	97,975
Capital assets	40,980,160	11,303,508	52,283,668	53,028,513
	\$55,781,180	\$12,894,718	\$68,675,898	\$64,986,377
<b>Liabilities and Net Assets</b>				
<b>Current Liabilities</b>				
Bank indebtedness	\$ -	\$ 54,697	\$ 54,697	\$ 26,962
Accounts payable and accrued liabilities	5,219,345	645,297	5,864,642	4,945,566
Accrued vacation entitlements	3,095,346	659,798	3,755,144	3,444,943
Due to contract facilities (from Health Authority)	331,185	(331,185)	-	-
Due to Manitoba Health and Healthy Living	359,460	-	359,460	-
Unearned revenue	1,198,401	4,972	1,203,373	336,705
	10,203,737	1,033,579	11,237,316	8,754,176
Accrued retirement obligations	3,324,918	458,577	3,783,495	3,699,024
<b>Deferred Contributions</b>				
Expenses of future periods	899,549	320,635	1,220,184	893,046
Capital assets	40,451,910	11,063,670	51,515,580	52,289,265
	41,351,459	11,384,305	52,735,764	53,182,311
<b>Commitments and contingencies</b>				
<b>Net Assets</b>				
Investment in capital assets	528,249	239,839	768,088	739,248
Externally restricted - Contract Facilities	-	(221,582)	(221,582)	(417,187)
Externally restricted	101,767	-	101,767	97,975
Unrestricted	271,050	-	271,050	(1,069,170)
	901,066	18,257	919,323	(649,134)
	\$55,781,180	\$12,894,718	\$68,675,898	\$64,986,377

## SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC. Condensed Statement of Operations

For the year ended March 31			2009	2008
	Regional Health Authority	Contract Facilities	Consolidated	Consolidated
<b>Revenue</b>				
Province of Manitoba				
Health and Healthy Living	\$ 63,798,202	\$ 8,752,365	\$ 72,550,567	\$ 64,846,391
Other	1,812,381	131,429	1,943,810	1,672,481
Government of Canada	-	77,562	77,562	102,334
Non-insured income	2,826,121	2,282,857	5,108,978	4,897,274
Other income and recovered services	61,768	267,331	329,099	394,203
Amortization of deferred contributions	2,540,981	721,582	3,262,563	2,771,788
	<u>71,039,453</u>	<u>12,233,126</u>	<u>83,272,579</u>	<u>74,684,471</u>
<b>Expenditures</b>				
Acute care services	23,485,064	-	23,485,064	21,425,704
Long-term care services	8,818,326	11,390,939	20,209,265	18,983,865
Community based home care services	13,354,883	-	13,354,883	12,421,633
Community based health services	5,541,177	-	5,541,177	4,889,630
Medical remuneration	5,437,299	-	5,437,299	5,025,767
Diagnostic services	3,588,678	-	3,588,678	3,200,172
Amortization of capital assets	2,540,981	721,582	3,262,563	2,771,788
Community based mental health services	2,553,861	-	2,553,861	2,236,526
Emergency Medical Services	2,825,956	-	2,825,956	2,310,150
Regional Health Authority costs	1,553,008	-	1,553,008	1,387,294
Interest on long-term debt	-	-	-	4,813
	<u>69,699,233</u>	<u>12,112,521</u>	<u>81,811,754</u>	<u>74,657,342</u>
<b>Excess of revenue over expenditures before other item</b>	1,340,220	120,605	1,460,825	27,129
<b>Other Item</b>				
Forgiveness of debt	-	75,000	75,000	-
<b>Excess of revenue over expenditures for the year</b>	<u>\$ 1,340,220</u>	<u>\$ 195,605</u>	<u>\$ 1,535,825</u>	<u>\$ 27,129</u>
<b>Allocated as follows</b>				
Externally restricted	\$ -	\$ 195,605	\$ 195,605	\$ 279,942
Unrestricted	1,340,220	-	1,340,220	(252,813)
	<u>\$ 1,340,220</u>	<u>\$ 195,605</u>	<u>\$ 1,535,825</u>	<u>\$ 27,129</u>

### Auditors' Report

#### To the Board of Directors of SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.:

The accompanying condensed statements of financial position and operations are derived from the complete financial statements of South Eastman Health/Santé Sud-Est Inc. as at March 31, 2009 and for the year then ended on which we expressed an opinion without reservation in our report dated May 22, 2009. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of the Canadian Institute of Chartered Accountants, is to report on the condensed financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete statements of operations in accordance with the criteria described in the Guideline referred to above.

These condensed financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operation and cash flows, reference should be made to the related complete financial statements available at the offices of the Authority.

*BDO Dunwoody LLP*

Chartered Accountants  
Winnipeg, Manitoba  
May 22, 2009

## CONTACT INFORMATION (South Eastman Health/Santé Sud-Est Inc.)

### General Information

Corporate Office.....	424-5880/1 866 716-5633
E-mail.....	corp@sehealth.mb.ca
Website.....	www.sehealth.mb.ca

### Hospitals

Bethesda Hospital .....	326-6411
Centre médico-social DeSalaberry District Health Centre .....	433-7611
Hôpital Ste. Anne Hospital .....	422-8837
Vita & District Health Centre .....	425-3804

### Primary Health Care Centres

East Borderland (Sprague) .....	437-3015
Niverville .....	388-2030

### Personal Care Homes

Bethesda Place (Steinbach) .....	326-6411
Repos Jolys (St. Pierre).....	433-7443
Whispering Pines Lodge (Vita).....	425-3325

### Contract Long Term Care Facilities

Menno Home for the Aged (Grunthal).....	434-6496
Rest Haven Nursing Home (Steinbach) .....	326-2206
St. Adolphe Personal Care Home.....	883-2181
Villa Youville (Ste. Anne) .....	422-5624

### Programs and Services

Audiology .....	346-7009
Community Cancer Care.....	346-5160
Diagnostic .....	346-5153
Emergency Medical Services.....	346-7028
Home Care .....	388-2043
Mental Health.....	346-7035
Mobile Crisis Unit.....	326-9276/1 888 617-7715
Medical Officer of Health .....	346-6140
Midwifery .....	433-7198
Palliative Care.....	346-7063
Public Health.....	346-6348
Primary Health Care .....	388-2042
Services to Seniors.....	346-6122

### Community Services

Dominion City .....	427-3460
Lorette .....	878-5000
St. Adolphe.....	883-2243
Ste. Anne.....	422-8817
St. Pierre.....	433-7636
Steinbach.....	346-6123
Vita.....	425-3859

### Contract Community Health Centres

Centre de santé La Broquerie.....	424-5575
Centre de santé Sainte-Agathe.....	882-2827
Coin Santé/Health Corner (St. Pierre) .....	433-7611